

JAN 17 2008

FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,620.00)

Complete if Known	
Application Number	10/664,213
Filing Date	September 16, 2003
First Named Inventor	Hassan Mostafavi
Examiner Name	E. M. Mantis Mercader
Art Unit	3737
Attorney Docket No.	5513P021

METHOD OF PAYMENT (check all that apply)

- Check Credit card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Credit any overpayments |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application. | |

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	61	Extra Claims	Fee from below	Fee Paid						
Independent Claims	9	54* = <table border="1" style="display: inline-table;"><tr><td>7</td></tr></table> X <table border="1" style="display: inline-table;"><tr><td>50.00</td></tr></table> = <table border="1" style="display: inline-table;"><tr><td>\$350.00</td></tr></table>	7	50.00	\$350.00	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table> X <table border="1" style="display: inline-table;"><tr><td>210.00</td></tr></table> = <table border="1" style="display: inline-table;"><tr><td>\$0.00</td></tr></table>	0	210.00	\$0.00	
7										
50.00										
\$350.00										
0										
210.00										
\$0.00										
Multiple Dependent										

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple Dependent claim, if not paid
1204 810	2204 405	**Reissue independent claims over original patent
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$ 350.00)

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet.	
2053 130	2053 130			Non-English specification	
1251 120	2251 60			Extension for reply within first month	
1252 460	2252 230			Extension for reply within second month	
1253 1,050	2253 525			Extension for reply within third month	
1254 1,640	2254 820			Extension for reply within fourth month	
1255 2,230	2255 1,115			Extension for reply within fifth month	
1401 510	2401 255			Notice of Appeal	
1402 510	2402 255			Filing a brief in support of an appeal	
1403 1,030	2403 515			Request for oral hearing	
1451 1,510	2451 1,510			Petition to institute a public use proceeding	
1460 130	2460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
1809 810	1809 405			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 810	2810 405			For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)				SUBTOTAL (2)	(\$ 1,270.00)

SUBMITTED BY

Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907	Telephone	(310) 207-3800	Complete (if applicable)
Signature				Date	1/14/08	

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450